

ISSUE SLIP ST (For additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|---------|
| FEE DETERMINATION | T.D. | | 7/27/98 |
| O.I.P.E. CLASSIFIER | | 10 | 7-29-98 |
| FORMALITY REVIEW | DSS | 4585 | 8 6 98 |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1 | ✓ | ✓ | ✓ |
| 2 | ✓ | ✓ | ✓ |
| 3 | ✓ | ✓ | ✓ |
| 4 | ✓ | ✓ | ✓ |
| 5 | ✓ | ✓ | ✓ |
| 6 | ✓ | ✓ | ✓ |
| 7 | ✓ | ✓ | ✓ |
| 8 | ✓ | ✓ | ✓ |
| 9 | ✓ | ✓ | ✓ |
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| 11 | ✓ | ✓ | ✓ |
| 12 | ✓ | ✓ | ✓ |
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| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 51 | ✓ | ✓ | ✓ |
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| 100 | ✓ | ✓ | ✓ |

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 101 | ✓ | ✓ | ✓ |
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| 144 | ✓ | ✓ | ✓ |
| 145 | ✓ | ✓ | ✓ |
| 146 | ✓ | ✓ | ✓ |
| 147 | ✓ | ✓ | ✓ |
| 148 | ✓ | ✓ | ✓ |
| 149 | ✓ | ✓ | ✓ |
| 150 | ✓ | ✓ | ✓ |

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)